Out-of-Pocket Health Expenditures Module

Interviewer's Instructions

ICF
Rockville, Maryland

February 2020

OUT-OF-POCKET-HEALTH EXPENDITURES MODULE

The purpose of the Out-of-Pocket Health Expenditures Module is to provide information on the amount of money spent by individuals and households on health care. The questions in the module should be asked for each household member or visitor listed in the household schedule.

Columns 21-22: INPATIENT SELECTION

Ask if the household member stayed overnight in at a health facility in the last six months. If the answer is yes, circle the Line Number in Column 22.

Column 23: OUTPATIENT CARE

Ask if the household member received health care without staying overnight in the last four weeks.

Column 24: MONEY PAID

If the answer to Column 23 is yes, ask if any money was paid for care the last time. If the respondent is unsure, ask them to confirm with the household member (if possible). Ensure that money was paid for care the last time because this is a selection criterion for later questions.

Column 25: OUTPATIENT SELECTION

Circle the Line Number in Column 25 only after confirming that money was paid for outpatient services the last time.

Qs. 201-204: FILTER FOR INPATIENT HEALTH EXPENDITURES

Check Column 22 for the number of eligible inpatients. If there are one or more eligible inpatients, continue to Q. 202. If there are no eligible inpatients, skip to Q. 301.

Enter the Line Number and name for each eligible inpatient. Use additional household questionnaires if there are more than 3 household members who received inpatient care Make sure to fill out the cover page of the additional questionnaire(s) and also write CONTINUED on the cover page of each of the additional household questionnaire(s).

Inform the respondent that the next series of questions are about persons in the household who stayed in a health facility overnight for care in the last six months.

Q. 205: PLACE INPATIENT CARE RECEIVED

Begin with the household member listed in the first column. Ask where the household member most recently stayed overnight for care.

When choosing a code in Q. 205, you need to know whether the place is in the public sector (run by the government) or in the private sector (e.g., a hospital or clinic run by a nongovernmental organization or a private doctor's office). If you cannot determine the type(s) of source(s), write the name(s) in the space provided and your supervisor will find out if it is public or private.

Q. 206: INPATIENT REASON

Ask why the household member needed to seek care this most recent time.

Q. 207: MONEY SPENT

For this most recent overnight stay, ask how much money was spent on treatment and services. Inform the respondent that we would like to know about all costs including tests, drugs, and fees. Make sure that the amount does not include costs associated with transportation, food, or an accompanying person. If money was borrowed or someone outside of the household contributed money to the cost of the treatment and services, include this in the amount.

If the treatment and service was free, then circle '0000'. If the treatment and services were offered in kind only, that is exchanged for goods other than money, circle '9995'. If the respondent does not know the cost, circle '9998'.

Q. 208: ANOTHER OVERNIGHT STAY

Ask if the household member stayed overnight at another time in the last six months. If the answer is yes, ask Qs. 209-211 about the next-to-the last stay. If the answer is no, skip to Q. 218.

Qs. 209 and 210: SOURCE AND REASON FOR INPATIENT CARE

Ask these questions in reference to the next-to-last time the household member stayed overnight for care. Ask where the household member stayed overnight for health care and why they needed care.

Q. 211: MONEY SPENT

For the next-to-last overnight stay, ask how much money was spent on treatment and services. Inform the respondent that we would like to know about all costs including tests, drugs, and fees.

Q. 212: ANOTHER OVERNIGHT STAY

Ask if the household member stayed overnight at another time in the last six months other than the two stays already mentioned. If the answer is yes, ask Qs. 213-215 about the second-to-last stay. If the answer is no, skip to Q. 218.

Qs. 213 and 214: SOURCE AND REASON FOR INPATIENT CARE

Ask the question in reference to the second-to-last time the household member stayed overnight for care. Ask where the household member stayed overnight for health care and why they needed care.

Q. 215: MONEY SPENT

For the second-to-last overnight stay, ask how much money was spent on treatment and services. Inform the respondent that we would like to know about all costs including tests, drugs, and fees.

Q. 216: ANOTHER OVERNIGHT STAY

Ask if the inpatient stayed overnight at another time in the last six months other than the three stays already mentioned. If the answer is yes, continue with Q. 217. If the answer is no, skip to Q. 218.

Q. 217: TOTAL OVERNIGHT STAYS

Ask how many total times the household member stayed overnight in a health facility in the last six months.

Qs. 218 and 219: HEALTH INSURANCE

We would like to know if the household member is covered by health insurance and if so, what type. If the household member has more than one type of health insurance, select the primary type.

Q. 220: CHECK FOR MORE INPATIENTS

If there are more eligible household members, go back to Q. 205. If there are no more eligible household members, skip to Q. 301.

Qs. 301 and 302: SELECTION OF OUTPATIENT

[If the survey will be conducted using paper questionnaires, retain instructions for SELECTION OF OUTPATIENT. If the survey will be conducted using CAPI, delete these instructions for SELECTION OF OUTPATIENT, because the selection will be done automatically.]

Check Column 25 for the number of eligible outpatients. If there are no eligible outpatients, skip to Q. [NEXT SECTION].

If there are one or more household members eligible for the outpatient section, use the selection table to randomly select one of those members for the outpatient expenditures questions.

To select that individual, first look at the last digit of the household questionnaire serial number on the cover page. This is the **row number** you should go to.

Check the total number of eligible outpatients (Column 25) in the household schedule. This is the **column number** you should go to.

Follow the selected row and column to the cell where they meet and circle the number in the cell. This is the number of the person selected for the outpatient questions from the list of eligible outpatients in Column 25 of the household schedule. Write the name and line number of the selected outpatient in Q. 302.

Q. 303: OUTPATIENT CARE TYPE

Inform the respondent that the next series of questions are in reference to the selected household member who received outpatient services—meaning they did not remain overnight—at a health facility, from a health care provider such as a doctor, nurse or dentist, at a pharmacy, or from a traditional healer in the last four weeks.

When choosing a code in Q. 303, you need to know whether the place is in the public sector (run by the government) or in the private sector (e.g., a hospital or clinic run by a nongovernmental organization or a private doctor's office). If you cannot determine the type(s) of source(s), write the name(s) and your supervisor will find out if it is public or private.

Q. 304: MONEY SPENT

Ask how much money was spent during the most recent visit on treatment and services from the provider selected in Q. 303. Inform the respondent that we would like to know about all costs including tests, drugs, and fees. Make sure that the amount does not include costs associated with transportation, food, or an accompanying person. If money was borrowed or someone outside of the household contributed money to the cost of the treatment and services, include this in the amount. If the respondent does not know the cost, circle '99998'.

If the patient visited this provider multiple times, only include expenses from the most recent visit. For example, if the household member visited the same provider multiple times for multiple injections, only include money spent for the most recent injection.

In the rare case that the respondent reports that no money was paid for this visit, go back to Column 24 and mark no. Proceed with selection of a new eligible outpatient.

Q. 305: OUTPATIENT REASON

Ask why the household member needed to seek care this most recent time. Select 'Other' if the reason does not fit any of the categories. Be sure to write the reason on the line beside code '96'.

Q. 306: SEEKING CARE AGAIN

Ask if the household member sought care another time in the last four weeks. If the answer is yes, continue with Q. 307. If the answer is no, skip to Q. 309.

Q. 307: TOTAL OUTPATIENT VISITS

Ask how many other times the household member received care in the last four weeks.

Q. 308: TOTAL PAID OUTPATIENT VISITS

Ask how many times money was spent on the other care received in the last four weeks.

Qs. 309 and 310: HEALTH INSURANCE

We would like to know if the household member is covered by health insurance and if so, what type. If the outpatient has more than one type of health insurance, select the primary type. If the household member does not have health insurance or the respondent does not know, skip to Q. 311.

Q. 311: OTHER MONEY SPENT

Households may buy health-related items without consulting a health facility or health provider, pharmacy or traditional healer. Ask how much money the household spent on items like vitamins, drugs, herbal medicines, band-aids/plasters, medical devices like a thermometer and so on in the last four weeks.

We want to know about the total amount that was spent on the health-related items. It does not matter which household member purchased the items or which household member used the items. Do not include money spend for services received when consulting a health care provider, at a pharmacy, or at a traditional healer.

If the household informant is unsure, try to get an estimate of the amount spent.